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First name inventor or Application Identifier

Douglas J. Dobrozsi et al.

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR

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APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

1. [X] Fee Transmittal Form

(Submit an original, and a duplicate for fee processing)

[X] Specification

Total Pages [26 (preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure
- 3. [] Drawing(s) (35 USC 113) Total Sheets []
- 4. Oath or Declaration
 - a. [X] Newly UNSIGNED (original or copy)
 - [] Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]

DELETION OF INVENTORS

inventor(s)

named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

Signed statement attached deleting

5. Incorporation By Reference (useable if Box 4b is checked)

Washington, D.C. 20231 6. [] Microfiche Computer Program (Appendix)

Box Patent Application

- 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. [] Computer Readable copy
 - b. Paper Copy (identical to computer copy)
 - c. [] Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- Assignment Papers (cover sheet & document(s))
- [] 37 CFR 3.73(b) Statement [] Power of Attorney (when there is an assignee)
- 10. [] English Translation Document (if applicable)
- 11. [] Information Disclosure [] Copies of IDS Statement (IDS)/PTO-1449 Citations
- 12. | Preliminary Amendment
- 13. [X] Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- 14. [] Small Entity [] Statement filed in prior application Statement(s) Status still proper and desired
- 15. Certified Copy of Priority Document(s) (if foreign priority is claimed)

16. [] Other:	• • •
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□ Continuation	Π Divisional	□ Continuation-in-		of prior application	_
		18. CORRESI	,		
[] Customer Numbe	r or Bar Code Labe	el			or [X] New correspondence a

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

(Insert Customer No. or Attach bar code label here) John M. Howell

address below

NAME The Procter & Gamble Company

Health Care Research Center

ADDRESS

8700 Mason-Montgomery Road CITY STATE ZIP CODE 45040-9462 OH Mason

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16 (c))	20 - 20	0	x \$22.00 =	\$0
-	INDEPENDENT CLAIMS (37 CFR 1.16 (c))	3 - 3	0	x \$82.00 =	\$0
	MULTIPLE DEPENDENT (CLAIMS (if applicable) (3	7 CFR 1.16(d))	+ \$270.00 =	\$0
				BASIC FEE (37 CFR 1.16(a))	
			Total o	of above Calculations -=	\$0
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$790.00

- 19. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2480. A duplicate copy of this sheet is enclosed.
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NAME	John-M. Howell			
SIGNATURE	I she M Howell			
DATE C	December 30 , 1999			

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Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

John M. Howell 33,71: Attorney/Agent mailing application Reg No.

Signature of Attorney/Agent mailing application